



**SRI MUTHUKUMARAN MEDICAL COLLEGE HOSPITAL  
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**Methods of the assessment of learning outcomes and graduate attributes**

**Outcome based assessment**

SMMCHRI employs formative assessment methods, emphasizing ongoing feedback to foster medical students' skill development. This approach, tailored to specific physician competencies, ensures both a supportive learning environment and adherence to rigorous standards for certification and professional proficiency.

**Assessment can be Direct and Indirect**

**Direct assessment:** Direct examination or observation of student knowledge, skills, attitudes or behaviours to provide evidence of learning. Types of direct assessment include:

**Formative assessment methods:**

Continuous assessment is central to SMMCHRI's academic framework, facilitating ongoing evaluation and improvement of student learning. Methods such as Continuous Internal Assessments, Seminars with feedback, Viva-Voce, OSPE, OSCE and Assignments Furthermore, the institution conducts regular monitoring of attendance and students' disciplinary attributes to ensure a comprehensive educational approach.

SMMCHRI employs a diverse range of formative assessment methods to enhance learning outcomes. These include skills training using mannikins and dissection sessions. collaborative activities like think, pair and share, and clarification pauses.

  
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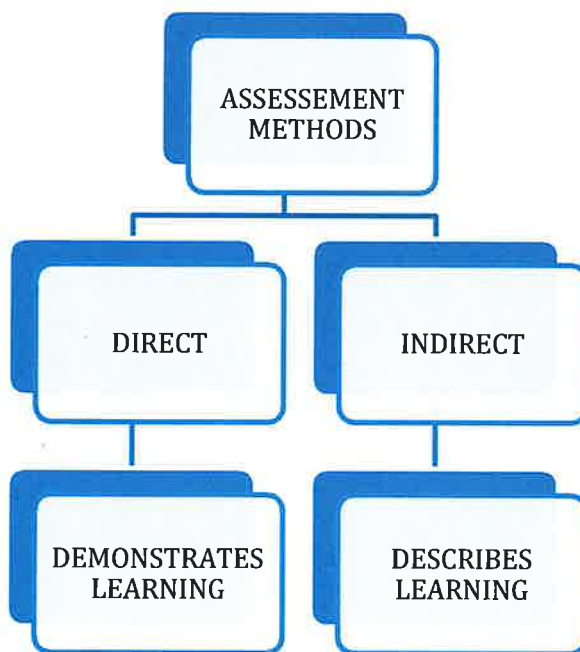
Furthermore, group discussions, seminar presentations, quizzes in both offline and online classes, simulated patient interactions, surgical video demonstrations in E-Modules and presentations by students contribute to a comprehensive approach to formative assessment.

**Summative Assessment:** Comprehensive evaluation of learning outcomes occurs during term-end and model exams at SMMCHRI. The results of these university examinations play a crucial role in assessing the achievement of learning objectives.

**Indirect Assessment:** Perceived extent or value of learning experiences. Example: Student survey, teachers' feedback, parents' feedback.

### Assessment tool box

The Medical Education Unit (MEU) acknowledges that a single assessment may not fully ascertain learning outcomes or the acquisition of knowledge, skills, and values. Therefore, initiatives have been undertaken to construct an assessment toolbox offering a range of assessment options. These tools cater to diverse domains of learning and can be utilized by different departments. The development of this toolbox is currently underway, with plans to encompass various assessment methods. Below is a screenshot preview of the toolbox.



  
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Figure: Sample assessment methods based on miller's pyramid.



  
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- The period of training is minimum suggested. Adjustments where required depending on availability of time may be made by the concerned college/ institution. This period of training does not include university examination period.
- An exposure to skills lab for at least two (02) weeks prior to clinical postings shall be made available to all student.

### **C) New teaching /learning elements**

#### **1) Foundation Course**

**Goal:** The goal of the Foundation Course is to prepare a learner to study medicine effectively.

#### **Objectives:**

- (a) Orient the learner to:**
- The medical profession and the physician's role in society
  - The MBBS programme
  - Alternate health systems i.e. AYUSH in India and history of Medicine
  - Medical ethics, attitudes and professionalism
  - Health care system and its delivery
  - National health programmes and policies
  - Universal precautions and vaccinations
  - Patient safety and biohazard safety
  - Principles of primary care (general and community based care)
  - The academic ambience
- (b) Enable the learner to acquire enhanced skills in:**
- Language
  - Interpersonal relationships

  
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- Communication
- Learning including self-directed learning
- Time management
- Stress management
- Use of information technology, and artificial intelligence

(c) **Train the learner to provide:**

- First-aid
- Basic life support
- In addition to the above, learners maybe enrolled in one of the following programmes which will be run concurrently:
  - Local language programme
  - English language programme
  - Computer skills
- These may be done in the last two hours of the day. These sessions must be as interactive as possible.

Sports (to be used through the Foundation Course as protected 04 hours /week).

Leisure and extracurricular activity (to be used through the Foundation Course as projected 02 hours per week).

Institutions shall develop learning modules and identify the appropriate resource persons for their delivery.

The time committed for the Foundation Course may not be used for any other curricular activity.

The Foundation Course shall have a minimum of 75% attendance of all students mandatorily. This will be certified by the Dean of the college.

The Foundation Course shall be organized by the Coordinator appointed by the Dean

of the college and shall be under supervision of the Heads of MBBS phase 1 departments.

Every college shall arrange for a meeting with parents/ wards of all students and records of the same shall be made available to UGMEB of NMC.

## 2) Early Clinical Exposure

**Objectives:** The objectives of early clinical exposure of the first-year medical learners are to enable the learner to:

- Recognize the relevance of basic sciences in diagnosis, patient care and management,
- Provide a context that will enhance basic science learning,
- Relate to experience of patients as a motivation to learn,
- Recognize attitude, ethics and professionalism as integral to doctor-Patient relationship,
- Understand the socio-cultural context of disease through the study of humanities.

### Elements

- **Basic science correlation:** i.e. apply and correlate principles of basic sciences as they relate to patient care (this shall be part of integrated modules).
- **Clinical skills:** to include basic skills in interviewing patients, doctor-patient communication, ethics and professionalism, critical thinking and analysis and self-learning (this training shall be imparted in the time allotted for early clinical exposure).
- **Humanities:** To introduce learners to a broader understanding of the socio-economic framework and cultural context within which health is delivered through the study of humanities and social sciences.

## 3) Electives

**Objectives:** To provide the learner with opportunities:

- For diverse learning experiences,
- It is mandatory for learners to do an elective. The elective time shall not be used to make up for missed clinical postings, shortage of attendance or other purposes.
- Institutions will pre-determine the number and nature of electives, names of the supervisors, and the number of learners in each elective based on the local conditions, available resources and faculty.
- Electives on topics in areas such as Research methodology, Use of Artificial intelligence and computers in Health and Medical Education, Health Management, Health economics, Indian system of medicine, Medical photography /clinical photography, Global health, Evidence based medicine, Art and music in medicine, Literary activities, etc. may be provided by the college/ institution.
  - It shall be preferable that elective choices are made available to the learners in the beginning of the academic year.
  - The learner must submit a learning log book based on both blocks of the electives.
  - 75% attendance in the electives and submission of log book maintained during electives is required for eligibility to appear in the final MBBS examination/ NEXT.
  - Institutions may use part of this time for strengthening basic skill certification.

#### **4) Professional Development including Attitude, Ethics and Communication Module**

**(AETCOM)**

**Objectives of the programme:** At the end of the programme, the learner must demonstrate ability to:

  
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- Understand and apply principles of bioethics and law as they apply to medical practice and research, understand and apply the principles of clinical reasoning as they apply to the care of the patients,
- Understand and apply the principles of system-based care as they relate to the care of the patient,
- Understand and apply empathy and other human values to the care of the patient,
- Communicate effectively with patients, families, colleagues and other health care professionals,
- Understand the strengths and limitations of alternative systems of medicine,
- Respond to events and issues in a professional, considerate and humane fashion,
- Translate learning from the humanities in order to further his professional and personal growth.

**Learning experiences:**

- This will be a longitudinal programme spread across the continuum of the MBBS programme including internship,
- Learning experiences shall include small group discussions, patient care scenarios, workshops, seminars, role plays, lectures etc.
- Attitude, Ethics & Communication Module (AETCOM module) developed by the erstwhile Medical Council of India should be used longitudinally for purposes of instruction.
- 75% attendance in Professional Development Programme (AETCOM Module) shall be mandatory for eligibility to appear for final examination in each professional year.

**Internal Assessment shall include:**

  
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- Written tests comprising of short notes and creative writing experiences,

OSCE based clinical scenarios /viva voce.

- At least one question in each paper of each clinical specialty in the University examination shall test knowledge competencies acquired during the professional development programme.
- Skill competencies acquired during the Professional Development Programme must be tested during the clinical, practical and viva voce.

#### 5) Learner-doctor method of clinical training (Clinical Clerkship)

a. Goal: To provide learners with experience in:

- Longitudinal patient care,
- Being part of the health care team,
- Hands-on care of patients in outpatient and in-patient setting.

b. Structure:

- The first clinical posting in second professional shall orient learners to the patient, their roles and the specialty.
- The learner-doctor programme shall progress as outlined in Table 9.
- The learner shall function as a part of the health care team with the following responsibilities:
  - Be a part of the units' out-patient services on admission days,
  - Remain with the admission unit until at least 6 PM except during designated class hours,
  - Be assigned patients admitted during each admission day for whom he will undertake responsibility, under the supervision of a senior resident or faculty member,

- Participate in the unit rounds on its admission day and will present the assigned patients to the supervising physician,
- Follow the patient's progress throughout the hospital stay until discharge,
- Participate, under supervision, in procedures, surgeries, deliveries etc. of assigned patients,
- Participate in unit rounds on at least one other day of the week excluding the admission day,
- Discuss ethical and other humanitarian issues during unit rounds,
- Attend all scheduled classes and educational activities,
- Document his observations in a prescribed log book /case record.

**No learner will be given independent charge of the patient in the capacity of primary physician of the concerned patient.**

The supervising physician shall be responsible for all patient care decisions and guide the learner from time to time as required.

**6) Assessment:**

- A designated faculty member in each unit will coordinate and facilitate the activities of the learner, monitor progress, provide feedback and review the log book/ case record.
- The log book/ case record must include the written case record prepared by the learner including relevant investigations, treatment and its rationale, hospital course, family and patient discussions, discharge summary etc.
- The log book shall also include records of outpatients assigned. Submission of the log book/ case record to the department is required for eligibility to appear for the final examination of the subject.

## **D) Assessment**

### **I. Eligibility to appear for Professional examinations**

The performance in essential components of training are to be assessed, based on:

#### **(a) Attendance**

- There shall be a minimum of 75% attendance in theory and 80% in practical /clinical for eligibility to appear for the examinations in that subject. In subjects that are taught in more than one phase – the learner must have 75% attendance in theory and 80% in practical in each phase of instruction in that subject. There shall be minimum of 80% attendance in family visits under Family adoption programme. Each student shall adopt minimum 3 families and preferably five families. The details shall be as per Family Adoption Program guidelines.
- If an examination comprises more than one subject (for e.g., General Surgery and allied branches), the candidate must have a minimum of 75% attendance in each subject including its allied branches, and 80% attendance in each clinical posting.
- Learners who do not have at least 75% attendance in the electives will not be eligible for the Third Professional - Part II examination/ NEXT.

**(b) Internal Assessment:** Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in which learners participate in learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/ problem solving exercise, participation in project for health care in the community. Internal assessment shall not be added to summative assessment. However, internal assessment should be displayed under a separate column in detailed marks card.

**(c)** Learners must have completed the required certifiable competencies for that phase of training and completed the log book

appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.

(d) Regular periodic examinations shall be conducted throughout the course. There shall be no less than three internal assessment examinations in each subject of first and second professional year, and no less than two examinations in each subject of final professional year. An end of posting clinical assessment shall be conducted for each clinical posting in each professional year.

- When subjects are taught in more than one phase, the internal assessment must be done in each phase and must contribute proportionately to final assessment. For example, General Medicine must be assessed in second Professional, third Professional Part I and third Professional Part II, independently.
- Day to day records and log book (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills.
- The final internal assessment in a broad clinical specialty (e.g., Surgery and allied specialties etc.) shall comprise of marks from all the constituent specialties. The proportion of the marks for each constituent specialty shall be determined by the time of instruction allotted to each.
- Learners must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40% marks in theory and practical separately) for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
- The results of internal assessment should be displayed on the notice board within one week of the test.
- Universities shall guide the colleges regarding formulating policies for remedial measures for students who are either not able to score qualifying marks or have missed on some assessments due to any reason.

## II. University Examinations:

  
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University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him/her to function effectively and appropriately as a physician of first contact. Assessment shall be carried out on an objective basis to the extent possible.

- Nature of questions shall include different types such as structured assays (Long-Answer Questions -LAQ), Short-Answer Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part shall be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. Practical /clinical examinations shall be conducted in the laboratories and /or hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan.
- Viva/oral examination should assess approach to patient management, emergencies, and attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, X-rays, identification of specimens, ECG, etc. is to be also assessed.

**University Examinations shall be held as under:**

**(a) First Professional**

The first Professional examination shall be held at the end of first Professional training (in the 12<sup>th</sup> month of that training), in the subjects of Anatomy, Physiology and Biochemistry.

**(b) Second Professional**

The second Professional examination shall be held at the end of second

  
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professional training (12<sup>th</sup> month of that training), in the subjects of Pathology, Microbiology, and Pharmacology.

(c) **Third Professional**

- Third Professional Part I examination shall be held at end of third Professional part I of training (12<sup>th</sup> month of that training) in the subjects of Community Medicine, and Forensic Medicine including Toxicology
- Third Professional Part II / National Exit Test (NExT) as per NExT regulations- (Final Professional) examination shall be at the end of 17<sup>th</sup> / 18<sup>th</sup> month of that training, in the subjects of General Medicine, General Surgery, Ophthalmology, Otorhinolaryngology, Obstetrics & Gynecology, and Pediatrics, and allied subjects as per NExT REGULATIONS.

**Note:**

- At least one question in each paper of each PHASE shall test the knowledge, and competencies acquired during the professional development programme (AETCOM module).
- Skills competencies acquired during the Professional Development Programme (AETCOM module) shall be tested during clinical, practical and viva.

**In subjects that have two papers, the learner must secure minimum 50% of marks in aggregate (both papers together) to pass in the said subject.**

**Criteria for passing in a subject:** A candidate shall obtain 50% marks in University conducted examination separately in Theory and in Practical (practical includes: practical/ clinical and viva voce) in order to be declared as passed in that subject

**Appointment of Examiners**

- **Person appointed as an examiner in the particular subject must have at least four years of total teaching experience as Assistant Professor after obtaining postgraduate degree following MBBS, in the subject in a**

college affiliated to a recognized medical college (by UGMEB of NMC).

- For Practical /Clinical examinations, there shall be at least four examiners for every learner, out of whom not less than 50% must be external examiners. Of the four examiners, the senior-most internal examiner shall act as the Chairman and coordinator of the whole examination programme so that uniformity in the matter of assessment of candidates is maintained.
- A University having more than one college shall have separate sets of examiners for each college, with internal examiners from the concerned college. External examiner may be from outside the college/ university/ state/ union territory.
- There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall moderate the questions.
- All eligible examiners with requisite qualifications and experience can be appointed internal examiners by rotation in their subjects.
- All theory paper assessment should be done as central assessment program (CAP) of concerned university.
- Internal examiners shall be appointed from the same institution for unitary examination in the same institution. For pooled examinations at one centre, the approved internal examiners from same university may be appointed.
- The Examiners for General Surgery and allied subjects as well as for General Medicine and allied subjects, shall be from General Surgery and General Medicine respectively.
- There shall be no grace marks to be considered for passing in an examination.

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## **ANNEXURES:**

1. COMPETENCIES
2. TABLES RELATED TO CBME/ CURRICULUM, ASSESSMENTS
3. FAMILY ADOPTION PROGRAMME
4. GUIDELINES FOR MANPOWER REQUIREMENT FOR RESEARCH FACILITIES
5. DISABILITY CRITERIA FOR ADMISSION TO MBBS

  
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## AETCOM COMPETENCIES

### AETCOM Competencies for First MBBS

Subject	Competency Number	Competency
Anatomy	Module 1.5	<b>The cadaver as our first teacher</b> <b>Demonstrate respect and follow the correct procedure when handling cadavers and other biologic tissue</b>
	Module 1.1	<b>Identify, discuss Physician's role and responsibility to society and the community that she/he serves</b>
Physiology	Module 1.2, Module 1.3	<b>Demonstrate empathy in patient encounters</b>
	Module 1.4	<b>Demonstrate ability to communicate to patients in a patient, respectful, non- threatening, non-judgmental and empathetic manner</b>
Biochemistry	Module 1.1,	<b>Enumerate and Describe the role of a physician in health care system</b>
	Module 1.1	<b>Describe and discuss the commitment to lifelong learning as an important part of physician growth</b>

  
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**AETCOM Competencies for Second MBBS**

<b>Subject</b>	<b>Competency Number</b>	<b>Competency</b>
<b>Pathology</b>	<b>2.6</b>	<b>Identify, discuss and defend medico-legal, socio-cultural and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support.</b>
	<b>2.4 A</b>	<b>Demonstrate ability to work in a team of peers and superiors.</b>
	<b>2.4 B</b>	<b>Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers.</b>
	<b>2.7</b>	<b>Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures.</b>
<b>Microbiology</b>	<b>Module 2.2 A</b>	<b>Describe and discuss the role of non-maleficence as a guiding principle in patient care</b>
	<b>Module 2.2 B</b>	<b>Describe and discuss the role of autonomy and shared responsibility as a guiding principle in patient care</b>
	<b>Module 2.2 C</b>	<b>Describe and discuss the role of beneficence of a guiding principle inpatient care</b>
	<b>Module 2.2 D</b>	<b>Describe and discuss the role of a physician in health care system</b>
	<b>Module 2.2 E</b>	<b>Describe and discuss the role of justice as a guiding principle in patient Care</b>
	<b>Module 2.3</b>	<b>Describe and discuss the role of justice as a guiding principle in patient care</b>
	<b>Module 2.5</b>	<b>Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to patient autonomy, patient rights and shared responsibility in health care</b>
<b>Pharmacology</b>	<b>Module 2.1</b>	<b>Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgmental and empathetic manner.</b>
	<b>Module 2.8</b>	<b>Demonstrate empathy in patient encounters.</b>

**AETCOM Competencies for Third Year (Part I)**

<b>Subject</b>	<b>Competency Number</b>	<b>Competency</b>
<b>Ophthalmology</b>	<b>3.1</b>	<b>Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non-judgmental and empathetic manner</b>
	<b>3.2</b>	<b>Demonstrate an understanding of the implications and the appropriate procedure and response to be followed in the event of medical error</b>
<b>ENT</b>	<b>3.3 A</b>	<b>Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non-judgmental and empathetic manner</b>
	<b>3.3 B</b>	<b>Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures</b>
<b>Forensic Medicine &amp; Toxicology</b>	<b>3.3 C</b>	<b>Administer informed consent and appropriately address patient queries to a patient undergoing a surgical procedure in a simulated environment</b>
	<b>3.4</b>	<b>Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to confidentiality in patient care</b>
<b>Community Medicine</b>	<b>3.5 A</b>	<b>Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues as it pertains to the physician - patient relationship (including fiduciary duty)</b>
	<b>3.5 B</b>	<b>Identify and discuss physician's role and responsibility to society and the community that she/ he serves</b>

**AETCOM Competencies for Third Year (Part II)**

<b>Subject</b>	<b>Competency Number</b>	<b>Competency</b>
<b>Medicine and Allied Subjects</b>	<b>4.1 A</b>	<b>The student should be able to: Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non-judgmental and empathetic manner</b>
	<b>4.1 B</b>	<b>The student should be able to: Communicate diagnostic and therapeutic options to patient and family in a simulated environment</b>
	<b>4.3</b>	<b>The student should be able to: Identify and discuss medico-legal, socio-economic and ethical issues as it pertains to organ donation</b>
<b>Surgery and Allied Subjects</b>	<b>4.4 A</b>	<b>The student should be able to: Demonstrate empathy in patient encounters</b>
	<b>4.4 B</b>	<b>The student should be able to: Communicate care options to patient and family with a terminal illness in a simulated environment</b>
	<b>4.5</b>	<b>The student should be able to: Identify and discuss and defend medico-legal, socio-cultural, professional and ethical issues in physician - industry relationships</b>
	<b>4.6</b>	<b>The student should be able to: Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts</b>
<b>Obstetrics and Gynecology</b>	<b>4.2</b>	<b>The student should be able to: Identify, discuss and defend medico-legal, socioeconomic and ethical issues as it pertains to abortion / Medical Termination of Pregnancy and reproductive rights</b>
	<b>4.7</b>	<b>The student should be able to: Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts</b>
	<b>4.8 A</b>	<b>The student should be able to: Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts.</b>

	4.8 B	<b>The student should be able to: Demonstrate empathy to patient and family with a terminal illness in a simulated environment.</b>
Pediatrics	4.9 A	<b>The student should be able to: Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to medical negligence</b>
	4.9 B	<b>The student should be able to: Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to malpractice</b>

  
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**Table1: Time distribution of MBBS Programme & Examination Schedule**

Proposed Academic Calendar for CBME 2023-24 Batch 2023

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2023									1	2	3	4
2024	5	6	7	8	9	10	11	12-1st Prof, exam, result	13-2 <sup>nd</sup> MBBS	14	15	16
2025	17	18	19	20	21	22	23	24- 2 <sup>nd</sup> Prof exam, result	25- Final 1st	26	27	28
2026	29	30	31	32	33	34	35	36- Final 2 <sup>nd</sup> exam, result	37- Final 2 <sup>nd</sup>	38	39	40
2027	41	42	43	44	45	46	47	48	49	50	51	52
2028	53	54 NEXT-1	1- CRM	2	3	4	5- 2 <sup>nd</sup> propose d NEXT	6	7	8	9	10
2029	11	12-NEXT- Step 2										

**Legends:**

**AETCOM: Attitude, Ethics and Communication skills**

**FAP: Family Adoption Programme (village outreach)**

**SDL: Self Directed Learning**

**SGL: Small Group Learning (tutorials/ Seminars/ Integrated Learning)**

**PCT (mentioned in Assessments): Part Completion Test**

  
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**Table2: Distribution of subjects in each Professional Phase**

Phase & year of MBBS training	Subjects & Teaching Elements	Duration (months)	University Examination
First Professional MBBS	(i) Foundation course -1 week, remaining spread over 6 months at the discretion of college (ii) Anatomy, Physiology & Biochemistry, Introduction to Community Medicine, including Family adoption programme (FAP) through village outreach (iii) Early Clinical Exposure (iv) Attitude, Ethics, and communication Module (AETCOM) including Humanities	12 months	1 <sup>st</sup> professional
Second Professional MBBS	(i) Pathology, Microbiology, Pharmacology (ii) Introduction to clinical subjects (iii) Clinical postings, Family visits for FAP (iv) AETCOM	12 months	2 <sup>nd</sup> professional
Third Professional part 1, MBBS, including Electives 1 month	(i) Community Medicine, Forensic Medicine and Toxicology, Medicine & allied, Surgery & allied, Pediatrics, Obstetrics & Gynecology (ii) Family visits for FAP (iii) Clinical postings (iv) AETCOM (v) Electives- 1 month, 2 blocks, 15 days each	12 months	Final professional - Part 1
Third Professional part 2, MBBS	(i) General Medicine, Dermatology, Psychiatry, Respiratory medicine, Pediatrics, General Surgery, Orthopedics, Oto-rhinolaryngology, Ophthalmology, Radiodiagnosis, Anesthesiology, Obstetrics & Gynecology (ii) Clinical postings (iii) AETCOM	18 months	Final Professional - Part II

  
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**Table 3: Foundation Course**

(one week + spread over 6 months at the discretion of college)

<b>Subjects/Contents</b>	<b>Teaching hours</b>
Orientation	30
Skills Module	34
Field visit to Community Health Center	08
Introduction to Professional Development & AETCOM module	40
Sports, Yoga and extra-curricular activities	16
Enhancement of language/computer skills	32
<b>Total</b>	<b>160</b>

  
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**Table no. 4 Distribution of Subject Wise Teaching Hours for 1<sup>st</sup> MBBS**

Subject	Lectures	SGL	SDL	Total
Foundation Course				39
Anatomy	210	400	10	620
Physiology	130	300	10	440
Biochemistry *	78	144	10	232
Early Clinical Exposure**	27	-	0	27
Community Medicine	20	20		40
FAP			27	27
(AETCOM)***	-	26	-	26
Sports and extra-curricular activities	-	-	-	10
Formative Assessment and Term examinations	-	-	-	60
<b>Total</b>	<b>464</b>	<b>918</b>	<b>30</b>	<b>1521 #</b>

\* Including Molecular Biology

\*\* Early Clinical exposure hours to be divided equally in all three subjects.

\*\*\*AETCOM module shall be a longitudinal programme.

# Includes hours for Foundation course also

  
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**Table no. 5- Distribution of Subject Wise Teaching Hours for II MBBS**

Subjects	Lectures	SGL	Clinical Postings*	SDL	Total
Pathology	80	165	-	10	255
Pharmacology	80	165	-	10	255
Microbiology	70	135	-	10	215
Community Medicine	15	0	0	10	25
FAP	0	0	30		30
Forensic Medicine and Toxicology	12	22	-	08	42
Clinical Subjects	59		540	-	599
AETCOM	-	29	-	8	37
Sports, Yoga and extra-curricular activities	-	-	-	20	35
Pandemic module				28	28
Final total	316	516	585	104	1521

***Pl. note: Clinical postings shall be for 3 hours per day, Monday to Friday.***

***There will be 15 hours per week for all clinical postings.***

  
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**Table no. 6 - Distribution of Subject Wise Teaching Hours for Final MBBS part 1.**

<b>Subject</b>	<b>Lectures</b>	<b>SGL</b>	<b>SDL</b>	<b>Total</b>
Electives	0	156	0	156
Gen. Med.	30	50	10	90
Gen Surgery	30	50	10	90
Obs. & Gyn	30	50	10	90
Pediatrics	25	30	10	65
Orthopedics	15	20	10	45
For. Med.& Tox.	40	70	20	130
Community Med	55	70	20	145
FAP (Visits +log book submission)	-	21	10	31
Otorhinolaryngology (ENT)	15	20	10	45
Ophthalmology	15	20	10	45
Clinical posting			540	540
AETCOM	0	19	12	31
Pandemic module	18	0	0	18
<b>Total</b>	<b>273</b>	<b>546</b>	<b>672</b>	<b>1521</b>

  
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**Table 7: Distribution of Subject wise Teaching Hours for  
Third professional part-2/ Final MBBS**

<b>Subjects</b>	<b>Lectures</b>	<b>SGL</b>	<b>SDL</b>	<b>Total</b>
General Medicine	95	155	55	<b>260</b>
General Surgery	80	140	40	<b>260</b>
Obstetrics and Gynecology	80	140	40	<b>260</b>
Pediatrics	30	60	30	<b>120</b>
Orthopedics	25	35	25	<b>85</b>
AETCOM	30	0	22	<b>52</b>
Dermatology	15	10	15	<b>40</b>
Psychiatry	15	15	15	<b>45</b>
Otorhinolaryngology (ENT)	15	25	15	<b>55</b>
Ophthalmology	15	25	15	<b>55</b>
Radiodiagnosis	8	15	15	<b>38</b>
Anesthesiology	8	15	15	<b>38</b>
Pandemic module	28	-	-	<b>28</b>
<b>TOTAL</b>	<b>444</b>	<b>610</b>	<b>302</b>	<b>1356</b>

*Extra hours may be used for preparation of NExT or SDL.*

  
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**Table no. 8: Clinical Posting Schedules in weeks**

Subjects	Period of training in weeks			Total Weeks
	II MBBS	III MBBS Part I	III MBBS Part II	
Electives	0	4	0	4
General Medicine	9	4	14	27
General Surgery	7	4	10	21
Obstetrics & Gynaecology	7	4	10	21
Pediatrics	4	4	5	13
Community Medicine	4	4	0	8
Orthopaedics	2	2	4	8
Otorhinolaryngology	0	3	4	7
Ophthalmology	0	3	4	7
Psychiatry	0	2	4	6
Radio-diagnosis	0	0	2	2
Dermatology	2	2	2	6
Dentistry	1	0	0	1
Anaesthesiology	0	0	3	3
<b>Total</b>	<b>36</b>	<b>36</b>	<b>62</b>	<b>134</b>

  
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**Table 9: Learner- Doctor programme (Clinical Clerkship)**

<b>Year of Curriculum</b>	<b>Focus of Learner-Doctor programme</b>
Year 1	Introduction to hospital environment, early clinical exposure, understanding perspectives of illness, family adoption program
Year 2	History taking, physical examination, assessment of change in clinical status, communication and patient education, family adoption program
Year 3	All of the above and choice of investigations, basic procedures and continuity of care
Year 4	All of the above (except Family adoption programme) and decision making, management and outcomes

  
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**Table 10 : Marks distribution for various subjects for University Annual Examinations**

Phase of Course	Theory	Practicals	Passing criteria
<b>1<sup>st</sup> MBBS</b>			
Anatomy- 2 papers	Paper 1- 100	100	Mandatory to get 40% marks separately in theory and in practicals; and totally 50% for theory plus practicals.
	Paper 2 -100		
Physiology- 2 papers	Paper 1- 100	100	
	Paper 2 -100		
Biochemistry- 2 papers	Paper 1- 100	100	
	Paper 2- 100		
<b>2<sup>nd</sup> MBBS</b>			
Pathology - 2 papers	Paper 1- 100	100	
	Paper 2 -100		
Microbiology- 2 papers	Paper 1- 100	100	
	Paper 2- 100		
Pharmacology- 2 papers	Paper 1 -100	100	
	Paper 2- 100		
<b>Final MBBS part 1</b>			
Forensic Med. Tox.- 1 paper	Paper 1 - 100	50	
Community Med- 2 papers	Paper 1 -100	100	
	Paper 2- 100		

**For NEXT, as per NEXT regulations.**

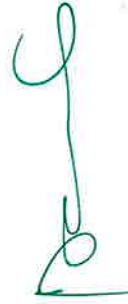
  
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3

Name of Institute:

**DEPARTMENT OF Anatomy/Physiology/Biochemistry**

Faculty : MBBS		Year/Phase- I		Date : dd/mm/yyyy									
Roll No.	Name of Student	Formative Assessment Theory				Continuous Internal assessment Theory						Total	
		1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment 1	Continuou s Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory			
		100	100	200	15	30	15	15	15	10	500		



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 Name of Institute \_\_\_\_\_



Name of Institute :

Department of Anatomy/Physiology/Biochemistry

Faculty : MBBS Year/Phase- I Date : dd/mm/yyyy

Continuous Internal Assessment (Practical)

S.No.	Roll No.	Name of Student	Formative Assessment			Log book (150)				Attendance (Practical)	Total	
			1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Prelims Practical	Certifiable skill based competencies (Through OSPE/OSCE/Spots/Exercises/Other )	AETCOM competencies	SVL Lab activity	Research			Journal (Record book/ Portfolio)
			100	100	100	60	30	40	20	40	10	500

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Department of \_\_\_\_\_  
Name of Institute \_\_\_\_\_



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Name of Institute :

**DEPARTMENT OF Pathology/Pharmacology/Microbiology**

Faculty : MBBS

Year/Phase- II

S.No.	Roll No.	Name of Student	Formative Assessment Theory				Continuous Internal assessment Theory					Total
			1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuou s Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory	
			100	100	200	15	30	15	15	15	10	500

Professor & Head  
Department of \_\_\_\_\_  
Name of Institute \_\_\_\_\_



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Name of Institute :

Faculty - MBBS		Year/Phase - II		Department of Pathology/Pharmacology/Microbiology				Date : dd/mm/yyyy				
		Normative Assessment		Continuous Internal Assessment (Practical)				Total				
S.No.	Roll No.	Name of Student	1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Prelims Practical	Log book (150)						
			Certifiable skill based competencies (through OS/PE/SCE/Sponex/Exerche/Other)			AETCOM competencies	SVL Lab activity	Research	Journal (Record book/ Portfolio)	Attendance (Practical)		
			100	100	100	60	30	40	20	40	10	500

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 Name of Institute \_\_\_\_\_

  
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## DEPARTMENT OF Community Medicine

Faculty : MBBS Year/Phase 3, part 1

S.No.	Roll No.	Name of Student	Formative Assessment_Theory				Continuous Internal assessment_Theory					Total	Percentage Theory (Minimum cut off 40%)	Cumulative percent of Theory & Practical  Theory+ Practical = 500+500= 1000 (Minimum cut off 50%)  Note: Minimum 40% sekatives for Theory and practical and 50% cumulative in all for eligibility in summative examination	
			1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Seminar	Continuous Class Test (LMS)	Museum study	Library assignments					Attendance Theory
										Self Directed Learning					
1			100	100	200	15	15	30	15	15	10	500	%		
2															
3															

## DEPARTMENT OF FMT

Faculty: MBBS,  
Year/ Phase 3, part 1

S.No.	Roll No.	Name of Student	Formative Assessment_Theory				Continuous Internal assessment_Theory					Total	Percentage Theory (Minimum cut off 40%)	Cumulative percent of Theory & Practical  Theory+ Practical = 375+500= 875 (Minimum cut off 50%)	
			1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Seminar	Continuous Class Test (LMS)	Museum study	Library assignments					Attendance Theory
										Self Directed Learning					
1			100	100	100	10	10	25	10	10	10	375	%		
2															
3															

S/d  
Professor & Head  
Department of \_\_\_\_\_  
\* Medical College  
University  
State/  
U.T.

  
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S.No.	Roll No.	Name of Student	Formative Assessment			Continuous Internal Assessment (Practical)				Total	Percentage Practical (Minimum out of 40%)	
			1st PCT Practical/First Ward Learning Examination	2nd PCT Practical/Second Ward Learning Examination	Prelims Practical	Log book (150)	Journal (Record book/Portfolio)	Attendance (Practical)				
1	100			100	100	60	30	30	40	30	500	%
2												
3												

S/d  
 Professor & Head  
 Department of  
 Medical College  
 University  
 State/ U.T.

S.No.	Roll No.	Name of Student	Formative Assessment			Continuous Internal Assessment (Practical)				Total	Percentage Practical (Minimum out of 40%)	
			1st PCT Practical/First Ward Learning Examination	2nd PCT Practical/Second Ward Learning Examination	Prelims Practical	Log book (150)	Journal (Record book/Portfolio)	Attendance (Practical)				
1	100			100	100	70	40	40	40	30	500	%
2												
3												

S/d  
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 Department of  
 Medical College  
 University  
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Name of Institute :

Faculty : Final MBBS Year/Phase- Part - II

Date : dd/mm/yyyy

**DEPARTMENT OF Paediatrics/ENT/Ophthalmology**

S.No.	Roll No.	Name of Student	Formative Assessment_Theory				Continuous Internal assessment_Theory						Total
			1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory		
												Self Directed Learning	
			100	100	100	10	25	10	10	10	10	10	375

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Name of Institute :

Department of Paediatrics/ENT/Ophthalmology

Year/Phase- Part -II

Faculty : Final MBBS

Date : dd/mm/yyyy

S.No.	Roll No.	Name of Student	Formative Assessment			Continuous Internal Assessment (Practical)				Attendance (Practical)	Total	
			1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical/Second Ward Leaving Examination	Prelims Practical	Log book (150)						
						Certifiable skill based competencies (Through OSPE/OSCE/ Spots/Verbs/Other)	AFTCOM competencies	SVL Lab activity	Research	Journal (Record book Port/ alia)		
			100	100	100	60	30	50	20	40	10	500

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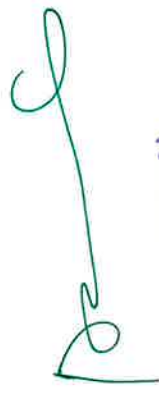
**DEPARTMENT OF Medicine, Surgery, OBGY**

**Final MBBS Year-3, Part II**

S.No.	Roll No.	Name of Student	Formative Assessment Theory			Continuous Internal assessment Theory					Attendance Theory	Total
			1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignmen 1	Continuous Class Test (LMS)	Seminar	Museum study	Library assignments		
			100	100	200	15	30	15	15	15	10	500

*Self Directed Learning*

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**DEPARTMENT OF Medicine, Surgery, OBGY**

Faculty : Final MBBS		Year/Phase- Part - II		Date : dd/mm/yyyy							
S.No.	Roll No.	Name of Student	Formative Assessment		Continuous Internal Assessment (Practical)			Attendance (Practical)	Total		
			1st PCT Practical /Second Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Log book (200)	Journal (Record book Perf olio)	Research				
			Certifiable skill based competencies (Through OSPE, OSCE, Spots, Exercise/Other)	AETCOM competencies	SVI, Lab activity	Research					
			100	100	200	40	40	20	40	10	650

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**National Medical Commission (Undergraduate Medical Education)  
Guidelines, 2023**

**CURRICULUM FOR FAMILY ADOPTION PROGRAMME**

**FAMILY ADOPTION PROGRAM:**

This is being introduced with the aim of village outreach program for MBBS students. Every student shall ideally adopt 5(five) families. However, minimum 3(three) families are mandatorily to be adopted by every MBBS students. Every college may arrange one diagnostic medical camp in the village wherein identification of:

- a) anaemia, malnutrition in children, hypertension, diabetes mellitus, ischemic heart diseases, kidney diseases, any other local problems may be addressed.
- b) If required, patients shall be admitted in the hospital for acute illness under care of student, charges may be waived off or provide concession or govt. schemes.
- c) For chronic illness, students shall be involved.
- d) Subsidized treatment charges may be provided under govt. schemes or welfare schemes.
- e) Medical student may be allocated about 5 families and introduced in the first visit.
- f) Camps may be arranged by Dean and Community Medicine/ P.S.M. department with active involvement of Associate/ Asst. Professors, social worker and supporting staff. Local population may be involved with village leaders.
- g) Visit by students be made to the visit as mentioned in table below. Annual follow up diagnostic camp can be continued by the PSM department.

**TARGETS TO BE ACHIEVED BY STUDENTS:**

**First Professional Year:**

- a) Learning communication skills and inspire confidence amongst families
- b) Understand the dynamics of rural set-up of that region
- c) Screening programs and education about ongoing government sponsored health related programs
- d) Learn to analyse the data collected from their families
- e) Identify diseases/ ill-health/ malnutrition of allotted families and try to improve the standards

**Second Professional Year**

- a) Inspire active participation of community through families allotted
- b) Continue active involvement to become the first doctor /reference point of the family by continued active interaction
- c) Start compiling the outcome targets achieved

**Third Professional Year**

Analysis of their involvement and impact on existing socio-politico-economic dynamics in addition to improvement in health conditions

  
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**-Final visit to have last round of active interaction with families**

**-prepare a report to be submitted to department addressing:**

- 1) Improvement in general health
- 2) Immunization
- 3) Sanitation.
- 4) De-addiction
- 5) Whether healthy lifestyles like reading good books, sports, yoga activities have been inculcated in the house-holds.
- 6) Improvement in anaemia, tuberculosis control
- 7) Sanitation awareness
- 8) Any other issues
- 9) Role of the student in supporting family during illness, medical emergency
- 10) Social responsibility in the form of environment protection programme in form of plantation drive (medicinal plants/trees), cleanliness and sanitation drives with the initiative of the medical student

**Curriculum for Family Adoption Programme**

Professional Year	Competency The student should be able to	Objectives	Suggested Teaching Learning methods	Suggested Assessment methods	Teaching Hours
1 <sup>st</sup> Professional	<ul style="list-style-type: none"> <li>Collect demographic profile of allotted families, take history and conduct clinical examination of all family members</li> </ul>	By the end of this visit, students should be able to compile the basic demographic profile of allocated family members	Family survey, Community clinics	Community presentation, case OSPE, logbook, journal of visit	6 hrs
	<ul style="list-style-type: none"> <li>Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor</li> </ul>	By the end of this visit, students should be able to report the basic health profile and treatment history of allocated family members	Community clinics, Multispecialty camps	Community presentation, case OSPE, logbook, journal of visit	9 hrs
	<ul style="list-style-type: none"> <li>Maintain communication &amp; follow up of remedial measures</li> </ul>	By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment and	Reporting of follow up visits, PRA techniques (transaction walk, group discussion) Community	Community presentation, case OSPE, logbook based of competency, journal of visit	6 hrs

		suggested remedial measures	clinics		
	<ul style="list-style-type: none"> <li>• Take part in environment protection and sustenance activities</li> </ul>	<p>By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation, herbal plantation activities conducted in the village</p>	<p>Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences</p>	<p>logbook certification of competency. journal of visit</p>	<p>based of 6hrs</p> <p>( Total 27 hrs, 9 visits)</p>
2 <sup>nd</sup> Profess ional	<ul style="list-style-type: none"> <li>• Take history and conduct clinical examination of all family members</li> </ul>	<p>By the end of this visit, students should be able to compile the updated medical history of family members and report their vitals and anthropometry.</p>	<p>Family survey, Community clinics</p>	<p>Community case presentation, OSPI logbook, journal of visit</p>	<p>6 hrs</p>
	<ul style="list-style-type: none"> <li>• Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor</li> </ul>	<p>By the end of this visit, students should be able to report the details of clinical examination like Hb %, blood group, urine routine and blood sugar along with treatment history of allocated family members</p>	<p>Community clinics, Multispecialty camps</p>	<p>Community case presentation, OSPE, logbook, journal of visit</p>	<p>9 hrs</p>

  
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<ul style="list-style-type: none"> <li>Maintain communication &amp; follow up of remedial measures</li> </ul>	<p>By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment, and suggested remedial measures along with details of vaccination drive</p>	<p>Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics,</p>	<p>Community case presentation, OSPE, logbook based certification of competency, journal of visit</p>	<p>9 hrs</p>
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<ul style="list-style-type: none"> <li>Take part in environment protection and sustenance activities</li> </ul>	<p>By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation herbal plantation activities conducted in the village</p>	<p>Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences</p>	<p>logbook based certification of competency, journal of visit</p>	<p>6 hrs</p>
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( Total 30 hrs, 10 visits)

<p>3<sup>rd</sup> Professional</p> <ul style="list-style-type: none"> <li>Take history and conduct clinical examination of all family members</li> </ul>	<p>By the end of this visit, students should be able to update the medical history of family members and their vitals and anthropometry</p>	<p>Family survey, Community clinics</p>	<p>Community case presentation, OSPE, logbook, journal of visit</p>	<p>3hrs</p>
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<ul style="list-style-type: none"> <li>Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor</li> </ul>	<p>By the end of this visit, students should be able to report the details of clinical examination like Hb %, blood group, urine</p>	<p>Community clinics, Multispecialty camps</p>	<p>Community case presentation, OSPE, logbook, journal of visit</p>	<p>3hrs</p>
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4



		routine and blood sugar along with treatment history of allocated family members			
<ul style="list-style-type: none"> <li>• <b>Maintain communication &amp; follow up of remedial measures</b></li> </ul>		<p>By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment, and suggested remedial measures along with details of vaccination drive</p>	<p>Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics,</p>	<p>Community case presentation, OSPI, logbook based certification of competency, journal of visit</p>	3hrs
<ul style="list-style-type: none"> <li>• <b>Take part in environment protection and sustenance activities</b></li> <li>• <b>Council the family members of allotted families and analyze the health trajectory of adopted family under overall guidance of mentor</b></li> </ul>		<p>By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation herbal plantation activities conducted in the village.</p> <p>By the end of this visit, students should be able to analyze and report the health trajectory of adopted family along with remedial measures adopted at individual, family and community level</p>	<p>Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences. Small group discussion (report of the health trajectory of adopted family)</p>	<p>logbook based certification of competency, journal of visit</p>	3hrs
					(total 21 hrs, 7 visits)

  
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**LOG BOOK FOR FAMILY ADOPTION**

COLLEGE NAME :

UNIVERSITY :

ADDRESS DETAILS :

NAME OF THE STUDENT :

ROLL NO :

VILLAGE NAME :

TEHSIL DISTRICT :

STATE-UNION TERRITORY :

NAME OF THE MENTOR :

MENTOR STATUS :

Asst. Prof. S.R. And Details  
(If changed, details of subsequent  
mentors):

NAME OF ASHA WORKER :

ADDRESS OF ASHA WORKER :

**EXPERIENCE**

(SINCE HOW MANY YEARS IS HE /SHE EMPLOYED)  
(SEPARATE PAGE FOR EACH FAMILY BE MAINTAINED)

- Family name and address
  - Approximate size of living space of house-hold
  - Malaria, flu, etc pertinent to the region
- 1) If there is any illness or medical emergency required by the house-hold, the student should take initiative in being the primary contact for the family.
  - 2) The student in turn should consult his/her mentor for further management of the patient.
  - 3) The hospital to which the college is attached must provide treatment facilities to the patient.
  - 4) Government schemes may be utilized for optimal management.
  - 5) Follow-up records must be maintained by the student. These must be periodically evaluated by mentors with the help of senior residents.
  - 6) The entire data sheet may be prepared by every student and submitted by the end of 6<sup>th</sup> semester for evaluation.
  - 7) Progress notes must include every demographic point and history recorded.

  
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**GUIDELINES FOR MANPOWER REQUIREMENT FOR RESEARCH FACILITIES  
IN A MEDICAL COLLEGE**

Research labs can be under following categories:

1. Molecular lab
2. Stem cell research lab
3. Cytogenetics
4. HLA and tissue typing research lab

Applied Clinical research for organ perfusion, cancer research, in vitro fertilization, etc. can be under any of the above research facilities.

**MAN POWER**

**(1) Lab Director post-1**

**Minimum Qualifications required :** MD Path/MD Microbiology/MD  
Transfusion Medicine/MD Biochemistry.  
Faculty with PhD ( Medical subject will  
be preferred)

**Lab work :** 10 years experience

**Lab research related publications :** Minimum 10 in last 10 years

**(2) Lab Supervisor post-1 (per research facility)**

**Minimum Qualifications required :** MD Path/ MD Microbiology/ MD  
Transfusion Medicine/ MD Biochemistry  
Faculty with PhD (Medical subject) will  
be preferred or MSc in life sciences with  
Ph.D. from Medical college

**Lab work :** 7 years experience

**Lab research related publications :** Minimum 5 in last 5 years

  
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**(3) Senior Scientific Research Officer posts- 1 or more (per research facility)**

- Minimum Qualifications required :** PhD with MD Path/ MD Microbiology/  
MD Transfusion Medicine/ MD  
Biochemistry/PhD in medical college or  
MSc in life sciences with PhD from  
medical college
- Lab work :** 4years experience
- Lab research related publications :** Minimum 3 in last 3 years

**(4) Junior Research Officer-posts- 1 or more (per research facility)**

- Minimum Qualifications required :** MD Path/ MD Microbiology/ MD  
Transfusion Medicine/ MD Biochemistry  
or Diploma in Clinical Pathology/ MSc  
in life sciences, PhD scholar/ Postdoc  
fellow
- Diploma holder in any branch may  
pursue PhD if experience / research  
inclinations proved for minimum of 1  
year. They can be enrolled for integrated  
Master's PhD course.
- Lab work :** 1 year experience
- Lab research related publications :** Preferably 1 in last 2 years

**(5) Laboratory Technicians- Posts- 2 (minimum)**

- Minimum Qualifications required :** B.Sc/ M.Sc, in life sciences including  
Biotechnology.
- DMLT

**(6) Data entry operator/ Clerk – (As per requirement)**

**(7) Store keeper – post 1 (minimum)**

  
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(8) Biostatistician- post 1(minimum)

(9) Lab attendant (As per requirement)

(10) Peon/ Multi-task worker (As per requirement)

(11) Clinical Monitors (As per requirement)

**Minimum Qualifications required** : A medical professional having MBBS degree or above with research inclination


(12) Social worker/ MSW with applied research inclinations (As per requirement)

  
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**Guidelines regarding admission of students with "Specified Disabilities" under the Rights of Persons with Disabilities Act, 2016 with respect to admission in MBBS Course.**

- Note - 1. The "Certificate of Disability" shall be issued in accordance with the Rights of Persons with Disabilities Rules, 2017 notified in the Gazette of India by the Ministry of Social Justice and Empowerment [Department of Empowerment of Persons with Disabilities (*Divyangjan*)] on 15th June 2017.
2. The extent of "specified disability" in a person shall be assessed in accordance with the "Guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)" notified in the Gazette of India by the Ministry of Social Justice and Empowerment [Department of Empowerment of Persons with Disabilities (*Divyangjan*)] on 4th January 2018.
3. The minimum degree of disability should be 40% (Benchmark Disability) in order to be eligible for availing reservation for persons with specified disability.
4. The term 'Persons with Disabilities' (PwD) is to be used instead of the term 'Physically Handicapped' (PH).

S. No.	Disability Type	Type of Disabilities	Specified Disability	Disability Range			
				Eligible for Medical Course, Not Eligible for PwD Quota	Eligible for Medical Course, Eligible for PwD Quota		
1	Physical Disability	A Locomotor Disability, including Specified Disabilities (a to f).	a Leprosy cured person*	Less than 40% disability	40-80% disability Persons with more than 80% disability may also be allowed on case to case basis and their functional competency will be determined with the aid of assistive devices, if it is being used, to see if it is brought below 80% and whether they possess sufficient motor ability as required to pursue and complete the course satisfactorily.	More than 80%	
			b Cerebral Palsy**				
			c Dwarfism				
			d Muscular Dystrophy				
			e Acid attack victims				
			f Others*** such as Amputation, Poliomyelitis, etc				
		* Attention should be paid to loss of sensations in fingers and hands, amputation, as well as involvement of eye, and corresponding recommendations be looked at. ** Attention should be paid to impairment of vision, hearing, cognitive function, etc, and corresponding recommendations be looked at. *** (i) Both hands intact, with intact sensations, sufficient strength and range of motion are essential to be considered eligible for medical course. (ii) Movement of the upper limb with respect to all the joints (shoulder, elbow, forearm, wrist and all fingers) to be considered. Full power, intact, in the dominant upper limb is necessary. (iii) For non-dominant upper limb, power of 15 or above is recommended.					
		B Visual Impairment (*)	a Blindness	Less than 40% disability		Equal to or More than 40% Disability	
			b Low vision	Disability			
		C Hearing impairment	a Deaf	Less than 40% Disability		Equal to or more than 40% Disability	
	b Hard of hearing	Disability					
(*) Persons with Visual impairment (visual disability of equal to or more than 40% may be made eligible to pursue MBBS Course and may be given reservation, subject to the condition that the visual disability is brought to a level of less than the benchmark of 40% with advanced low vision aids such as telescopes + magnifier etc. (i) Person with hearing disability of more than 40% may be made eligible to pursue MBBS Course and may be given reservation subject to condition that the hearing disability is brought to a level of less than the benchmark of 40% with the aid of assistive devices/cochlear implants (CI). In addition to this, the individual should have speech discrimination score of more than 60%.							

  
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**Disability Range**

Type of Disabilities	Disability Range			
	Specified Disability	Eligible for Medical Course, Not Eligible for PwD Quota	Eligible for Medical Course, Eligible for PwD Quota	Not Eligible for Medical Course
D. Speech & language disabilities	Organic neurological causes	Less than 40% Disability	Equal to or more than 40% disability and equal to or less than 80%.	Equal to or more than 40% Disability
<p>Persons with Speech Intelligibility Affected (SIA) shall be eligible to pursue MBBS Courses provided Speech Intelligibility Affected (SIA) score shall not exceed 3 (three), which is 40% or below. Persons with Aphasia shall be eligible to pursue MBBS Courses provided Aphasia Quotient (AQ) is 40% or below.</p>				
2. Intellectual disability	a. Specific learning disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental aphasia)	<p>Currently there is no Quantification scale available to assess the severity of SpLD, therefore the cut-off of 40% is arbitrary and more evidence is needed.</p> <p>Less than 40% Disability</p> <p>Equal to or more than 40% disability and equal to or less than 80%.</p> <p>But selection will be based on the learning competency evaluated with the help of the remediation-assisted technology aids in structural changes by the Expert Panel.</p> <p>According to the Notification dated 09.12.2020 by the Department of Empowerment of Persons with Disabilities (Divyangani), Ministry of Social Justice &amp; Empowerment, diagnosis of SpLD using NIMHANS SpLD Battery should be equated to more than 40% disability. Any person with SpLD and more than 40% disability should be allowed to complete at par with other PwDs under the reservation quota for PwDs.</p>		
	b. Autism spectrum disorders	Absence of Mild Disability, Asperger syndrome (disability of upto 60% as per ISA) where the individual is fit for MBBS course by an expert panel	Currently not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation quota may be considered in future after developing better methods of disability assessment.	More than 80% disability or severe nature or significant cognitive intellectual disability
3. Mental Behavior	*** Mental Illness	Mental Illness will be no bar for taking admission in MBBS Course provided the candidate is able to qualify the NLETC. However, the benefit of reservation quota may be considered in future after developing better methods of disability assessment.		
4. Disability caused due to	a. Chronic Neurological Conditions	i. Multiple Sclerosis ii. Parkinsonism	Less than 40% Disability	40-80% disability
	b. Blood Disorders	i. Hemophilia	Less than 40% Disability	40-80% disability
		ii. Thalassemia iii. Sickle cell disease	Less than 40% Disability	40-80% disability

  
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S. No.	Disability Type	Type of Disabilities	Specified Disability	Disability Range		
				Eligible for Medical Course, Not Eligible for PwD Quota	Eligible for Medical Course, Eligible for PwD Quota	Not Eligible for Medical Course
5.	Multiple disabilities including deaf		More than one of the above specified disabilities	Must consider all above while deciding in individual cases recommendations with respect to presence any of the above, namely, Visual, Hearing, Speech & Language disability, Intellectual Disability, and Mental Illness as a component of Multiple Disability Combining Formula as notified by the related Gazette Notification issued by the Govt. of India $a - \frac{b(90-a)}{90}$ (where a= higher value of disability % and b=lower value of disability % as calculated for different disabilities) is recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual		

\*\*\* That by virtue of the order dated 18.05.2023 passed by the Hon'ble Supreme Court of India in WP (C) No. 1093 of 2023 titled Vishal Gupta Vs UOI & Ors., the Under Graduate Medical Education Board, an autonomous board under National Medical Commission constituted an expert committee. Accordingly on 14<sup>th</sup> July, 2023, the expert meeting was held and the issues related to the review of guidelines specifically with respect to Specific learning disabilities (SLD), Autism spectrum disorders (ASD) and Mental Illness, were discussed in detail. Thereafter recommendations based on the discussions held in the meeting were received in the commission and such recommendations were considered by the UGMEB.

  
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